DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"An active electro-opt	ical device for detect	ing obstacles, in pa	articular for autonome	ous navigation sys	tems"
the application of which					
☐ is attached hereto	OR	□ was filed o			
		as United Stat	es Application Numb	per or PCT Internat	tional Application
		(Confirmation), and was an	nended on
			(if applicable).		
I hereby state that I have reviewed a by any amendment specifically refer	and understand the corred to above.	ontents of the abov	e identified applicati	on, including the	claims, as amen
I acknowledge the duty to disclos continuation-in-part application(s), re the national or PCT international filing	naterial information	which became ava	ilable between the fi	ned in 37 CFR I ling date of the pr	.56, including ior application a
		or (f) or 365(h)	of once formion and lin	ation(c) for motore	_
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that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Attorney Docket No.:

Client Ref. No.

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	n Name and middle [if any]) <u>Nereo</u>		Family Name or Surname PALLARO			
5		Neus Pollers				
Inven	tor's Signature Orbassano	Tools / caes	<u> </u>	Date	December 6, 2004	
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	Name and middle [if any])		Family Name - S			
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City		State	Zip	:	Country	
	E OF EIGHTH INVENTOR:			1 1		
Given (first a	Name nd middle [if any])		Family Name or Surnam			
	or's Signature		Tunny Ivane of Suman	Date		
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City		State	Zip		Country	
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Inventor's Signature			Date			
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NAME	OF TENTH INVENTOR:				Country	
Given I	Name nd middle [if any])		Family Name or Surname			
Inventor's Signature			Date			
Resider	nce: City	State	Country	(Citizenship	
Mailing	Address:					
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